

HORSESHOE CRAB RECAPTURE REPORT

OMB Control No. 1018-0127
Expires 12/31/08

Date Report Received: _____		Interviewer: _____	
Report Type: <input type="checkbox"/> Phone Call <input type="checkbox"/> Email/Web <input type="checkbox"/> Letter <input type="checkbox"/> Other			
Disc Tag: Present: Yes / No Disc Tag Number: _____ Removed: Yes / No			
Square Tag: Present: Yes / No Square Tag Number: _____ Removed: Yes / No			
Crab Condition: Alive / Dead / Unknown		Date Captured or Found: _____	
Crab Fate: <input type="checkbox"/> Released (<i>Left on Beach</i>) <input type="checkbox"/> Sold or Bought <input type="checkbox"/> Kept for Personal Bait <input type="checkbox"/> Tag Found Only <input type="checkbox"/> Other: _____			
Finder: <input type="checkbox"/> Beach Comber <input type="checkbox"/> Commercial Fisherman <input type="checkbox"/> Biomedical Company <input type="checkbox"/> Horseshoe Crab Spawning Surveyor <input type="checkbox"/> Sport Fisherman (<i>Hook & Line</i>) <input type="checkbox"/> Horseshoe Crab Researcher <input type="checkbox"/> Shorebird Surveyor <input type="checkbox"/> Other: _____			
Capture Method: <input type="checkbox"/> Hand (<i>Found on Beach</i>) <input type="checkbox"/> Trawl <input type="checkbox"/> Seine <input type="checkbox"/> Gillnet <input type="checkbox"/> Dredge <input type="checkbox"/> Pound / Trap / Fyke Net <input type="checkbox"/> Hook & Line <input type="checkbox"/> Other: _____			
Capture Location: Body of Water: _____ Nearest City: _____ Beach Name or Capture Location: _____ State: _____ Capture Coordinates (<i>optional</i>): Lat: _____ Long: _____			
Reporter Information: Name: _____ Street Address 1: _____ Street Address 2: _____ City: _____ State: _____ Zip Code: _____ Telephone: Home: (____) _____ Work: (____) _____ Email Address: _____			
Comments: _____ _____ _____			

Date Data Entered: _____

Date Reward Sent: _____

FWS Form 3-2310
REV 10/05

Privacy Act and Paperwork Reduction Act Notices

In accordance with the Privacy Act (5 U.S.C. 552a) and the Paperwork Reduction Act (44 U.S.C. 3501), please note the following information:

1. We conduct this tagging program under the authority of the Fish and Wildlife Act of 1956 (16 U.S.C.742f), the Wildlife Coordination Act (16 U.S.C. 661-666c), and the Anadromous Fish Conservation Act (16 U.S.C. 757a – 757g).
2. Your response is voluntary. We will remove all names and identifying information when we compile the results and only summary information will be reported. The horseshoe crab tagging program provides vital information to fishery managers about the migration patterns, distribution, and abundance of horseshoe crabs along the Atlantic coast. The information is maintained in accordance with the Privacy Act.
3. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. This information collection has been approved by OMB and assigned clearance number 1018-0127.
4. We estimate that it will take you 10 minutes to complete this report. This burden estimate includes time for reviewing instructions, gathering data, and completing and reviewing the form.
5. Comments regarding the burden estimate or any other aspect of the form may be directed to the Service Information Clearance Officer, Fish and Wildlife Service, MS 222-ARLSQ, 4401 N. Fairfax Drive, Arlington, VA 22203.